

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Suzanne Kosmas			2. Identification Number H8FL24026	
(b) Address (number and street) 257 Minorca Beach Way			<input type="checkbox"/> Check if address changed	
(c) City, State and ZIP Code New Smyrna Beach FL 32169			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)	
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate FL 24		

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) Kosmas for Congress		
(b) Address (number and street) PO Box 1547		
(c) City, State and ZIP Code New Smyrna Beach FL 32170		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Jared Polis Victory Fund		
(b) Address (number and street) PO Box 1174		
(c) City, State and ZIP Code Springfield VA 22151		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct, and complete.

Signature of Candidate Suzanne Kosmas	Date 07/09/2009
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NOTE: Submission of false, erroneous or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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